

ORDER FOR SUPPLIES OR SERVICES					Form Approved		Page 1 Of 5	
1. Contract/Purch Order No.		2. Delivery Order No.		3. Date Of Order		4. Requisition/Purch Request No.		5. Certified for National Defense Under DMS Reg 1 Priority DOA5
DAAE20-99-D-0047		0002		1999SEP10		SEE SCHEDULE		
6. Issued By			Code	7. Administered By (If other than 6)			Code	8. Delivery FOB  <input type="checkbox"/> Dest <input checked="" type="checkbox"/> Other  (See Schedule if other)
TACOM-ROCK ISLAND AMSTA-AC-PCH-C JAN DAY (309) 782-3472 ROCK ISLAND IL 61299-7630  EMAIL: DAYJ@RIA.ARMY.MIL			W52H09	PR ACALA ATTN FIN AND ACCT OFC ROCK ISLAND IL 61299-6000  SCD C      PAS NONE      ADP PT W52H09			W52H09	
9. Contractor			Code	Facility Code		10. Deliver To FOB Point By (Date)		11. Mark If Business Is  <input type="checkbox"/> Small <input checked="" type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned
TDF CORPORATION 750 E DIEHL RD SUITE 127 NAPERVILLE IL 60563-0000			0PL65			SEE SCHEDULE		
					12. Discount Terms			
13. Mail Invoices To						See Block 15		
14. Ship To			Code	15. Payment Will Be Made By			Code	Mark All Packages And Papers With Contract Or Order Number
SEE SCHEDULE				DFAS ST LOUIS ATT DFAS-SL-FPV 4300 GOODFELLOW BLVD BLDG 110 PO BOX 200009 ST LOUIS MO 63120-0009			HQ0304	
16. T O Y R P D E E R O F	Delivery	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.					
	Purchase		Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation , Dated _____ furnish the following on terms specified herein.					
			Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.					
Name Of Contractor			Signature			Typed Name And Title		Date Signed
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:								
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE								
18. Item No.	19. Schedule Of Supplies/Service			20. Quantity Ordered/ Accepted*	21. Unit	22. Unit Price	23. Amount	
	SEE SCHEDULE CONTRACT TYPE: Labor-Hour  KIND OF CONTRACT: Service Contracts							
* If quantity accepted by the Government is same quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. United States Of America			25. Total	\$7,143.64
				By: PATRICIA J HARMON HARMONP@RIA.ARMY.MIL (309) 782-5717			29. Differences	
26. Quantity In Column 20 Has Been				27. Ship. No.	28. D.O. Voucher No.		30. Initials	
<input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted  _____ Date      _____ Signature Of Authorized Govt Representative 36. I certify this account is correct and proper for payment  _____ Date      _____ Signature And Title Of Certifying Officer				<input type="checkbox"/> Partial <input type="checkbox"/> Final	32. Paid By		33. Amount Verified Correct For	
				31. Payment			34. Check Number	
37. Received At		38. Received By		39. Date Received		40. Total Containers		41. S/R Account No.
								42. S/R Voucher No.

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-99-D-0047/0002MOD/AMD	Page 2 of 5
Name of Offeror or Contractor: TDF CORPORATION		

SUPPLEMENTAL INFORMATION

THIS TASK ORDER 0002 ESTABLISHES CONTRACT LINE ITEM (CLIN) 0002AA FOR FIELDING OF THE M240B MACHINE GUN AT THE INFANTRY TRAINING SCHOOL AND RANGER TRAINING BRIGADE AT FT. BENNING, GA, 20-29 SEPTEMBER 1999, IAW THE ATTACHED SCOPE OF WORK.

TOTAL COST IS NOT TO EXCEED TOTAL CEILING PRICE OF \$7143.64 FOR THIS EFFORT.

THE CEILING FOR LABOR HOURS, HOURLY RATE AND TRAVEL ARE AS FOLLOWS:

PROGRAM MANAGER, 10 HOURS AT HOURLY RATE OF \$63.18 FOR TOTAL OF \$631.08.

SUPERVISORY FIELDING SPECIALIST, 96 HOURS AT HOURLY RATE OF \$53.13 FOR TOTAL OF \$5100.48.

TRAVEL AMOUNT CEILING IS \$1412.08

THE PERIOD OF PERFORMANCE IS 20-29 SEPTEMBER 1999.

\*\*\* END OF NARRATIVE A001 \*\*\*

Name of Offeror or Contractor: TDF CORPORATION

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0002	<u>Supplies or Services and Prices/Costs</u>				
0002AA	<u>M240 TPF, FT. BENNING, GA</u>				\$ 7,143.64
	NOUN: M240B - TDF SECURITY CLASS: Unclassified PRON: M19HCT23M1 PRON AMD: 01 ACRN: AA AMS CD: 321024720253210  <u>Inspection and Acceptance</u> INSPECTION: Destination ACCEPTANCE: Destination  <u>Deliveries or Performance</u> DLVR SCH PERF COMPL <u>REL CD</u> <u>QUANTITY</u> <u>DATE</u> 001 0 29-SEP-1999  \$ 7,143.64				
0002AB	<u>CONTRACT DATA REQUIREMENTS LIST (DD 1423)</u>				
	NOUN: DD 1423 CDRL SECURITY CLASS: Unclassified  <u>Inspection and Acceptance</u> INSPECTION: Destination ACCEPTANCE: Destination				

Name of Offeror or Contractor: TDF CORPORATION

CONTRACT ADMINISTRATION DATA

						JOB			
LINE	PRON/	OBLG				ORDER	ACCOUNTING	OBLIGATED	
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>		<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>	
0002AA	M19HCT23M1	AA	2	21	92033000096D6D02P32102425GB S111169HCT23	9LG305	W52H09 \$	7,143.64	
321024720253210									
							TOTAL \$	7,143.64	
SERVICE						ACCOUNTING	OBLIGATED		
<u>NAME</u>	<u>TOTAL BY ACRN</u>		<u>ACCOUNTING CLASSIFICATION</u>			<u>STATION</u>	<u>AMOUNT</u>		
Army	AA		21	92033000096D6D02P32102425GB	S111169HCT23	W52H09	\$	7,143.64	
							TOTAL \$	7,143.64	

CONTINUATION SHEET	Reference No. of Document Being Continued		Page 5 of 5
	PIIN/SIIN	DAAE20-99-D-0047/0002 MOD/AMD	

Name of Offeror or Contractor: TDF CORPORATION

LIST OF ATTACHMENTS

List of Addenda	Title	Date	Number of Pages	Transmitted By
Attachment 001	SCOPE OF WORK			
Exhibit A	CONTRACT DATA REQUIREMENTS LIST (DD 1423			